

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

58-022240

State File No.

FILED JUN 23 1958

BIRTH NO.

REG. DIST. NO.

156

PRIMARY REG. DIST. NO.

200

Registrar's No.

282

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, write RURAL and give township) OR Joplin TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR Anderson TOWN 0600	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital		d. STREET ADDRESS (If rural, give location) In Town	
3. NAME OF DECEASED (Type or Print) a. (First) Carl b. (Middle) Franklin c. (Last) Crosby		4. DATE OF DEATH (Month) (Day) (Year) May 29, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 29, 1899
9. AGE (In years last birthday) 59	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watch repairman	11. BIRTHPLACE (City and State or Foreign Country) Anderson, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Thomas Miller Crosby		13b. MOTHER'S MAIDEN NAME Elizabeth A. Roberts	
14. NAME OF HUSBAND OR WIFE Naomi May Crosby		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None	
16. SOCIAL SECURITY NO. 488-16-0920		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Naomi Crosby, Anderson, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis with removal of right lung ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetic right heart DUE TO (c) 002X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Right lung removed & left heart dilated	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. HOW DID INJURY OCCUR?	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) R. L. Ferguson M.D.		23b. ADDRESS St. Johns Hospital Joplin	
23c. DATE SIGNED May 29, 1958		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE May 29-1958		24c. NAME OF CEMETERY OR CREMATORY Peace Valley Cemetery	
24d. LOCATION (City, town, or county) (State) Anderson, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ralph Montague Anderson, Mo.	
DATE REC'D BY LOCAL REG. 6/10/58		REGISTRAR'S SIGNATURE Dorice Merriam	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Jasper County Health Office

County File Number 58-46

Date Filed JUN 18 1958

JUN 23 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Carl Stapp

Licensed Embalmer No. 3458

P. O. Address Anderson, Tenn.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.